



**GEORGIA MEDICAID FEE-FOR-SERVICE  
STIMULANTS AND RELATED AGENTS PA SUMMARY**

Preferred	Non-Preferred
Adderall XR- (amphetamine/dextroamphetamine ER) Amphetamine/dextroamphetamine IR generic Armodafinil generic Atomoxetine generic Concerta- (methylphenidate ER/SA) Dexmethylphenidate IR generic Dextroamphetamine IR tablets generic Focalin XR- (dexmethylphenidate ER) Guanfacine ER generic Methylphenidate CD/CR/ER generic- (generic Metadate CD, Metadate ER) Methylphenidate IR generic Methylphenidate oral solution generic Modafinil generic Vyvanse- (lisdexamfetamine) Zenzedi 5 mg, 10 mg IR tablets- (dextroamphetamine)	Adhansia XR- (methylphenidate ER) Adzenys XR- (amphetamine ER dispersible tab) Amphetamine ER oral suspension generic Aptensio XR (methylphenidate ER) Clonidine ER generic Cotempla XR- (methylphenidate ER disintegrating tablet) Daytrana- (methylphenidate TD patch) Desoxyn- (methamphetamine) Dexmethylphenidate ER generic Dextroamphetamine ER capsules generic Dextroamphetamine oral solution generic Dyanavel XR- (amphetamine ER oral suspension) Evekeo- (amphetamine tablets) Evekeo ODT- (amphetamine disintegrating tablets) Jornay PM- (methylphenidate ER) Methamphetamine generic Methylphenidate IR chewable tablets and oral solution generic Methylphenidate ER/SA- (generic Concerta) Methylphenidate ER/LA/SR- (generic Ritalin LA, Ritalin SR) Methylphenidate ER/SA 72 mg generic Mydayis- (amphetamine/dextroamphetamine ER) Quillichew ER- (methylphenidate ER chew tabs) Quillivant XR- (methylphenidate ER oral suspension) Ritalin LA 10 mg- (methylphenidate ER) Sunosi- (solriamfetol) Wakix- (pitolisant) Zenzedi 2.5, 7.5, 15, 20, 30 mg IR tablets- (dextroamphetamine)

IR=immediate-release, ER/XR=extended-release, CD/CR=controlled-release, LA=long-acting, SA=sustained-acting, SR=sustained-release, TD=transdermal

**LENGTH OF AUTHORIZATION:** 1 year

**NOTES:**

- Preferred agents require PA for members 21 years of age and older. Non-preferred agents require PA for members of all ages.



- If generic dexamethylphenidate ER, generic methamphetamine or generic methylphenidate oral solution are approved, the PA will be issued for brand Focalin XR, brand Desoxyn or brand Methylin oral solution, respectively.

## PA CRITERIA:

### Preferred Agents Except Vyvanse for members 21 years of age and older

- ❖ Approvable for members with narcolepsy, shift work sleep disorder or sleep apnea/hypopnea syndrome.
- ❖ Approvable for members with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD).

### Vyvanse

- ❖ Approvable for members 21 years of age and older with narcolepsy, ADD or ADHD.
- ❖ Approvable for members 18 years of age and older with moderate to severe binge-eating disorder (BED) and the medication is being prescribed by or in consultation with a psychiatrist

### AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to a selective serotonin reuptake inhibitor (SSRI) and topiramate or zonisamide

### AND

- ❖ Member must be undergoing or have undergone psychotherapy and behavioral therapy for BED unless the member does not have access to or declines this type of therapy.

### Adzenys XR, Amphetamine ER Oral Suspension Generic, Aptensio XR and Dyanavel XR

- ❖ Approvable for members 6 years of age and older with ADD or ADHD who are unable to swallow solid oral dosage forms of medication and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to Vyvanse chewable (lisdexamfetamine) and Methylin oral solution (methylphenidate).
- ❖ Approvable for members 6 years of age and older with ADD or ADHD who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 1 medication in 2 of the following groups:
  - A. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR), Vyvanse (lisdexamfetamine)
  - B. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
  - C. dexamethylphenidate (Focalin), Focalin XR (dexamethylphenidate ER)
  - D. Dextroamphetamine (Zenzedi)
- ❖ In addition for Adzenys XR, prescriber must submit a letter of medical necessity stating the reasons Dyanavel XR is not appropriate for the member.

### Clonidine ER Generic

- ❖ Approvable for members 6 years of age or older with ADD or ADHD who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect guanfacine ER.



Cotempla XR

- ❖ Approvable for members 6 to 17 years of age with ADD or ADHD that are not able to swallow solid oral dosage formulations and have experienced ineffectiveness with methylphenidate oral solution (Methylin) and Vyvanse chewable or have an allergy, contraindication, drug-drug interaction or intolerable side effect to Vyvanse chewable (lisdexamfetamine).

Daytrana

- ❖ Approvable for members 6 to 17 years of age with ADD or ADHD that are not able to swallow solid oral dosage formulations

OR

- ❖ Member must have tried and failed at least 1 agent in either of the following groups:
  - A. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR), Vyvanse (lisdexamfetamine)
  - B. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
  - C. dexamethylphenidate (Focalin), Focalin XR (dexamethylphenidate ER)
  - D. Dextroamphetamine (Zenzedi)

Desoxyn and Methamphetamine Generic

- ❖ Approvable for members 6 years of age or older with narcolepsy, ADD, ADHD or minimal brain dysfunction who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 1 medication in 2 of the following groups:
  - A. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR), Vyvanse (lisdexamfetamine)
  - B. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
  - C. dexamethylphenidate (Focalin), Focalin XR (dexamethylphenidate ER)
  - D. Dextroamphetamine (Zenzedi)

Dexamethylphenidate ER Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Focalin XR, is not appropriate for the member.

Dextroamphetamine ER Capsules Generic and Evekeo

- ❖ Approvable for members 6 years of age and older with narcolepsy who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 1 medication in 2 of the following groups:
  - A. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR), Vyvanse (lisdexamfetamine)
  - B. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
  - C. dexamethylphenidate (Focalin), Focalin XR (dexamethylphenidate ER)
  - D. Dextroamphetamine (Zenzedi)
- ❖ Approvable for members 3 years of age and older with ADD or ADHD who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 1 medication in 2 of the following groups:



- A. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR), Vyvanse (lisdexamfetamine)
  - B. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
  - C. dexamethylphenidate (Focalin), Focalin XR (dexamethylphenidate ER)
  - D. Dextroamphetamine (Zenzedi)
- ❖ In addition for Evekeo for members 6 to 17 years of age, prescriber must submit a written letter of medical necessity stating the reasons Dyanavel XR and Evekeo ODT are not appropriate for the member.
  - ❖ In addition for Evekeo for members 18 years of age or older, prescriber must submit a written letter of medical necessity stating the reasons Dyanavel XR is not appropriate for the member.

#### Dextroamphetamine Oral Solution Generic

- ❖ Approvable for members 3 years of age and older with ADD or ADHD who are unable to swallow solid oral dosage formulations and who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to methylphenidate oral solution (Methylin).
- ❖ Approvable for members 6 years of age and older with narcolepsy who are unable to swallow solid oral dosage formulations and who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to methylphenidate oral solution (Methylin).

#### Evekeo ODT

- ❖ Approvable for members 6 to 17 years of age with ADD or ADHD who are unable to swallow solid oral dosage forms of medication and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to with Vyvanse chewable (lisdexamfetamine) and methylphenidate oral solution (Methylin); otherwise, member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 1 medication in 2 of the following groups:
  - A. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR), Vyvanse (lisdexamfetamine)
  - B. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
  - C. dexamethylphenidate (Focalin), Focalin XR (dexamethylphenidate ER)
  - D. Dextroamphetamine (Zenzedi)

#### Methylphenidate IR Chewable Tablets Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic methylphenidate oral solution, is not appropriate for the member.

#### Methylphenidate ER/SA Generic (generic Concerta) and Methylphenidate ER/SA 72 mg Generic

- ❖ Approvable for members who have experienced ineffectiveness with brand Concerta ; otherwise, prescriber must submit a written letter of medical necessity stating the reasons brand Concerta is not appropriate for the member.



Adhansia XR, Jornay PM, Methylphenidate ER/LA/SR (generic Ritalin LA, Ritalin SR) and Ritalin LA 10 mg

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, brand Concerta, brand Focalin XR and generic methylphenidate CD/CR/ER (generic Metadate CD, Metadate ER), are not appropriate for the member.

Mydayis

- ❖ Approvable for members 13 years of age and older with ADD or ADHD who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 1 medication in 2 of the following groups:
  - A. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR), Vyvanse (lisdexamfetamine)
  - B. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
  - C. dexamethylphenidate (Focalin), Focalin XR (dexamethylphenidate ER)
  - D. Dextroamphetamine (Zenzedi)

Quillichew ER and Quillivant XR

- ❖ Approvable for members 6 years of age and older with ADD or ADHD that are not able to swallow solid oral dosage formulations and have experienced ineffectiveness with methylphenidate oral solution (Methylin) and Vyvanse chewable or have an allergy, contraindication, drug-drug interaction or intolerable side effect to Vyvanse chewable (lisdexamfetamine).

Sunosi

- ❖ Approvable for members 18 years of age and older with excessive daytime sleepiness associate with narcolepsy who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to modafinil or armodafinil and to a stimulant (i.e., amphetamine, amphetamine/dextroamphetamine, dextroamphetamine, methylphenidate).
- ❖ Approvable for members 18 years of age and older with excessive daytime sleepiness associate with obstructive sleep apnea (OSA) whose underlying airway obstruction has been treated (e.g., with continuous positive airway pressure [CPAP]) for at least one month and these modalities to treat the underlying airway obstruction will be continued during treatment with Sunosi, and who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to modafinil or armodafinil.

Wakix

- ❖ Approvable for members 18 years of age and older with excessive daytime sleepiness associate with narcolepsy who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to modafinil or armodafinil, to a stimulant (i.e., amphetamine, amphetamine/dextroamphetamine, dextroamphetamine, methylphenidate) and to Sunosi.
- ❖ Approvable for members 18 years of age and older with cataplexy associated with narcolepsy who have tried at least 2 medications used in the treatment of cataplexy associated with narcolepsy (e.g., atomoxetine, fluoxetine, venlafaxine, tricyclic antidepressants [i.e., protriptyline, clomipramine], Xyrem) and failed to achieve an adequate response.



Zenzedi 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic dextroamphetamine sulfate and Zenzedi 5 mg and 10 mg, are not appropriate for the member.

#### **QLL CRITERIA:**

Vyvanse

- ♦ An authorization to exceed the QLL may be granted if the member has not achieved an adequate response with FDA-approved maximum dosing (70 mg/day) and the member will be monitored for effectiveness and adverse events with the higher dosage.

#### **EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

#### **PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

#### **PA AND APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

#### **QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.